



# City of Arcadia Senior Services

## COMPREHENSIVE SERVICE INTAKE FORM

Arcadia Senior Services receives Community Development Block Grant funds from Los Angeles County Community Development Commission to administer the Information & Referral and the Senior Congregate Meal programs. Please complete this intake form and return it to the service provider. All information will be kept in the strictest confidentiality.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ No. of People In Household \_\_\_\_\_

(Check all that are Applicable)

☐ MARRIED ☐ SINGLE ☐ HEAD OF HOUSEHOLD ☐ DISABLED

### RACE

- |  |   |
|--|---|
| <input type="radio"/> American Indian/Alaskan Native         | <input type="radio"/> American Indian or Alaskan Native and White                     |
| <input type="radio"/> Asian                                  | <input type="radio"/> Asian and White   |
| <input type="radio"/> Black/African-American                 | <input type="radio"/> Black or African American and White                             |
| <input type="radio"/> Native Hawaiian/Other Pacific Islander | <input type="radio"/> American Indian or Alaskan Native and Black or African American |
| <input type="radio"/> White                                  |   |
| <input type="radio"/> Other (specify) _____                  |   |

### ETHNICITY

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

### PROGRAM (Service Desired)

- |  |   |  |
|--|---|--|
| <input type="radio"/> HICAP            | <input type="radio"/> GOVERNMENT BENEFITS/LIONS | <input type="radio"/> NOTARY           |
| <input type="radio"/> INCOME TAX       | <input type="radio"/> COMPREHENSIVE ASSESSMENT  | <input type="radio"/> SOCIAL SECURITY  |
| <input type="radio"/> IN-HOME REGISTRY | <input type="radio"/> TELEPHONE REASSURANCE     | <input type="radio"/> FRIENDLY VISITOR |
| <input type="radio"/> SENIOR MEALS     | <input type="radio"/> HEALTH LECTURE/SCREENING  | <input type="radio"/> TRANSIT ID       |
| <input type="radio"/> EDUCATION        | <input type="radio"/> VOLUNTEERING              | <input type="radio"/> FINANCIAL/LEGAL  |

I certify that the information provided is true and accurate. Supporting documentation can be provided upon request. I acknowledge receiving the information and or service indicated above. I verify that I am at least 55 years of age.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office Use Only:

Fiscal Year \_\_\_\_\_ Census Tract \_\_\_\_\_

Staff Signature \_\_\_\_\_ Indicate Type of Age Verification Provided:

☐ State/Federally Issued ID ☐ Other